

**PROCEEDINGS OF THE MENTAL HEALTH  
TREATMENT SUBCOMMITTEE**

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the **Mental Health Treatment Subcommittee** was held on Wednesday, January 15, 2020 pm in Conference Room A of the Sophie Beaumont Building, 111 N. Jefferson Street, Green Bay, Wisconsin.

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**Present:** Chair Erik Hoyer, Jail Security Lieutenant Scott Brisbane, Citizen Representative Stephanie Birmingham, Community Services Administrator Jenny Hoffman, Executive Director of Connections for Mental Wellness Rebecca Fairman, Connections for Mental Wellness Representative Bree Decker, Executive Director of Health and Human Services Erik Pritzl, County Board Supervisor Megan Borchardt, District Attorney David Lasee, Crisis Coordinator Josh Zimmer

**Excused:** Citizen Representative Cheryl Weber

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This meeting was scheduled to begin at 12:00 pm. At 12:05 pm it was determined there was not a quorum and therefore no action would be taken, however in the interest of those that were in attendance, discussions were held and are outlined below.

**1. Report and discussion – Spending of the 2019 \$1.14 million mental health dollars, to date.**

Health and Human Services Director Erik Pritzl noted that final numbers are not yet available for 2019, but he feels there will likely be some underspending in the area of detoxification. He informed they authorized 43 stays at Bellin for detox and there were 41 stays. The authorized amount was \$187,000 out of a \$200,000 budget so they were close to authorizing the budgeted amount. The amount paid was actually closer to \$134,000. This means that either someone who was authorized did not go for a stay or expenses were picked up by insurance or some other payer source. They do try to stay close to the budgeted numbers and it is good to see that 41 people were approved for 43 stays.

With regard to day report, because this was a six month contract, there is a little underspending, but that was picked up with ramping up the staffing because there was a transition period. Pritzl noted they hired some staff in February, but from March to June they were starting the transition from contracted service to internal service and trying to stick with the budgeted amounts. The underspending in the contract was picked up by Human Services staffing. The full transition is done and the full function is now being done by Human Services. All 2020 services will all be provided by Brown County.

Chair Hoyer appreciates Pritzl keeping the budget in mind and staying within the budget and asked if that has presented any barriers to people getting services. Pritzl said nothing has been brought up to him that people are not being served because of budgetary issues. District Attorney David Lasee was aware of a situation towards the end of 2019 where the Drug Court team felt someone was appropriate for residential placement, but for some reason that did not happen, but Lasee does not know if the budget was part of the denial. The reason given for the denial was that the person seemed to be doing well, was stable and was in Drug Court and did not have the need, despite the fact that she was asking for it and her treatment providers and case managers were also asking for it. Several weeks after the denial, this person had a relapse. Pritzl responded that there should not have been a funding issue for residential treatment. Lasee reiterated he did not know the real reason for the denial, but the Drug Court team felt there was a need for treatment.

Hoyer asked who makes the decision regarding whether or not someone in Drug Courts gets residential treatment. Pritzl explained someone has to do the assessment to give the

appropriate placement level. Supervisor Borchardt said she does not want to see something like Lasee explained happen continuously. If someone is involved in Drug Court and is asking for residential treatment, she would like to see that person accommodated because not being accommodated would be discouraging. Lasee said this is not something that happens regularly and he understands that there are protocols that are used in making determinations.

**2. 2020 Budget and New Positions.**

Pritzl informed 2020 is off to a good start. He noted they have increased their Comprehensive Community Services staffing by adding a mental health professional. They have also added another case manager for commitments and hold open agreements because those numbers have been climbing over the last few years. A position was also added in Adult Protective Services and Pritzl noted demographics show this will be an area of need as the population is changing to an aging population. He added they also have some better structures and decision making in place where a lot more assessments will be done and not necessarily going straight to placement.

**3. Identifying gaps.**

**a. Overview of Outpatient and Community Services Provided by Brown County.**

Crisis Coordinator Josh Zimmer informed he has been in his position since June 2018 and he is primarily responsible for overseeing the Brown County crisis system and how it functions and operates. He is a central contact for people who have issues and he supervises several people, including the officer clinicians. His job is to help coordinate the system and address any issues that come up. Zimmer was able to work on and get started a Crisis Coordinating Committee. One of the issues that has been identified through the Crisis Coordinating Committee is the delay between the time a person has completed medical clearance and is accepted at the receiving facility. That lag in time puts the client at risk and also puts law enforcement and hospital staff at risk because the person is often escalated and agitated and having a difficult time. It is challenging for the hospital and law enforcement to manage that and they are looking at what steps could be taken to prevent those delays from occurring.

Zimmer continued by talking about the officer – clinician team and explained this is a partnership between the GBPD and Brown County and it has been getting progressively busier as awareness is out that the position exists. People are definitely utilizing the resource and he anticipates the position will continue to grow. Hoyer asked if Zimmer is the interface of the crisis team at Family Services. Zimmer said the Crisis Center has their own internal oversight but he is in regular communication with the program manager to discuss cases that need more exploration. Zimmer also talked about follow-up that is done after someone goes through a crisis situation. The Crisis Center has a protocol where they do a variety of follow-up attempts related to the level of severity that the person presented with and was assessed for. The Crisis Center also does post-discharge follow-up. If someone does ultimately proceed through the Chapter 51 process, they are assigned a county case manager who follows up with them. The new Case Manager position will expand on that and provide even more support to those individuals who are put on hold open agreements.

Borchardt asked if there is anyone on staff who helps navigate people on the street into services. Pritzl said the goal of Connections was to be the gateway for connecting people to the resources. That is something Connections is still working on and other gaps were also discussed. Zimmer said generally as a system there are not enough hours in the day for everyone who needs therapy appointments. Psychiatry availability is also a big challenge as is med compliance with the people Crisis works with. The county does what it can with the

resources available and provides care and services to as many people as possible, but the demand continues to grow.

Hoyer asked what the consensus of the employees has been to having the Crisis Center moving out to the CTC. Zimmer responded that staff is excited about it, but there are some things programmatically that still need to be determined and figured out. It will be helpful and convenient in that clients are not going to have to be transported all over the city for different things. There are some situations where a client presents to the Crisis Center with law enforcement and during that time they are handcuffed and then they are transported to the hospital and then to the facility. Under the new model, if someone is going to possibly need placement at Nicolet, the person can come to the Crisis Assessment Center to be assessed, a brief medical screen can take place and then the person can transition directly to Nicolet. This process will be more efficient and smooth in that people are not in handcuffs as long which will help decriminalize the appearance of mental health.

Citizen Representative Stephanie Birmingham said people she has talked to about this are not excited about the relocation of the Crisis Center. She spoke with someone from the Gathering Place who is not enthused because they cannot do a warm handoff. She also questioned the ability of people to walk in for services when there is no bus service available. She also questioned how much mobile crisis is being done. Pritzl responded that these are things that have been talked about at the EM1 Committee over the last year. The EM1 Committee consists of representatives of all law enforcement agencies plus hospital systems. There are at least 30 people at these meetings and they have been talking about streamlining the process of how acute mental health needs are assessed and how to get people moving as quickly and efficiently as possible. The Crisis Center does a ton of other work and they have tried to figure out how they are going to handle all that. The emphasis of the future is phone and mobile. The idea is to get to the person instead of having people brought to centers. If there is a flow of lobby traffic that is not acute, it pulls time away from the mobile resources and the ability to assess the acute situations. The emphasis on mobile and phone should help streamline the process for admissions which will help get law enforcement back on the street sooner as well as get people the help they need. This grew out of a LEAN event several years ago.

Pritzl is aware that the basic needs group has expressed concern about this and he plans on going to speak with them. Birmingham respects the work that has been done up to this point, but remains skeptical and questions if people who have needed these services have utilized crisis services. She is very concerned that there is the potential to unintentionally create an added barrier for individuals who are in crisis to get transportation out to the CTC. She recalled in past discussions it was indicated that taxi vouchers could be used to get someone out to the Crisis Center, but she does not feel the taxi companies would be thrilled with this and she also noted that there are no taxi companies that can accommodate someone with any sort of mobility issue and, further, police cars are not equipped for those with mobility issues either. Zimmer said that transportation in these instances is typically done by rescue. Birmingham feels these are issues that need to be flushed out because they are realities. Pritzl said they need Crisis Center in the room to talk about some of these things. He noted that Crisis Center tracks all of these things, including how much mobile crisis is being done and they would have all of that data. Lasee added that if walk-in traffic is only a small percentage versus the number law enforcement brings in, then this makes sense for the majority of the people because it is the better place for the long-term needs. Pritzl reiterated that the Crisis Center does a ton of work other than what we are discussing here. The reality is by keeping the Crisis Center where it is, we are losing the ability to serve the acute situations as well as we can, but, on the other hand, it may cause harm in getting the other parts done. The more we keep the Crisis Center, medical facility and admitting facility separate, the more we are going to keep going through the three different points of service and that is what we are trying to get rid of.

Hoyer felt asking the Crisis Center to attend the next meeting may be a good idea so we can have these conversations as soon as possible. Pritzl said the project is at the point of pre-bid walk throughs and noted that this has been discussed in a lot of different venues for a long time. Hoyer understands this but said it seems that concerns are being raised that may not have been addressed as they should have been. Lasee does not feel this project should be pulled or modified; it is more of how to address things moving forward. Birmingham agreed.

Zimmer added that if a person is assessed in place and taken out of their setting and brought somewhere else, the likelihood of them needing a more restrictive level of care is higher than if they stayed where they were at initially. If someone is assessed at their home versus at the Crisis Center, the person in their home has a far better likelihood remaining in their home with a safety plan versus taking them out of the home and bringing them somewhere else. This helps with being in line with the Chapter 51 goal of least restrictive level of care and that is a consideration that needs to be kept in mind.

Hoyer thinks it would be interesting to see how the introduction of mobile crisis has shifted things over the last few years and whether we need to consider we may need more mobility with this Crisis Assessment Center specifically because of the location. Pritzl does not want to build a building that then sits empty because we decide Crisis Center needs to stay where it is.

Birmingham asked if Public Health could come on board to help with education and help providers understand some of the situations of the Crisis Center. She feels the Crisis Center has become somewhat of a dumping area for all sorts of circumstances. She appreciates those with acute, classical crisis needs but feels there is still an unmet need that Crisis Center is not capturing. She feels part of this may be on Crisis and some may be on the entire system in that we have just done a poor job on knowing the resources available. Birmingham said consideration also needs to be given to what to do with the rest of the people who need help but are not in crisis. Pritzl said there may be a place where a non-profit community agency has a piece of that work; it would not be a piece of the Crisis Center. 211 was referenced as a resource, but people do not utilize that as much as they could.

It was noted that it will take some time for everyone to get used to the new location and thinking ahead to some of these situations is good. Changing the location will have a ripple effect on the process. Community Services Administrator Jenny Hoffman said there will need to be a communication plan and these things will be thought through to be sure everyone knows what the process is and where the services are. Birmingham said the system currently has so many silos and although she does have some trepidations, maybe with no more downtown location providers will have to go outside their comfort zone to really work together.

Security Lieutenant Scott Brisbane said when the new jail was built on Curry Lane, one of the stumbling blocks was how people would get back to town. In looking at the way that area is getting built up, it is now becoming a Brown County campus and worrying about transportation is a real issue as more things are added in the area. Birmingham agreed that there are a number of ripples that will have to be worked out, and transportation to her seems like a big one. The hours of bus service were discussed as was the service area. Borchardt noted that consideration also needs to be given to serving those in outlying areas such as Suamico as there is no bus service out there.

Pritzl said we really need to have Crisis Center be part of these conversations to hear how this will change and affect their ability to provide the outreach. This is something they have been part of and supported and they seem to be excited for the opportunity to change how the services are delivered. Borchardt feels it would be important to do some education for providers as well. With Connections a few of the things they focus on is basic education as to

how to de-escalate situations and determine if it is a crisis as well as looking at what can be done with a community navigator when there is not immediate therapy to determine what other resources can be used and how to coordinate through the agencies for reciprocal treatment. Borchardt also feels training for people working with children or adults is important across the board in multiple agencies because there is not a lot of skilled training going on in some agencies. Some training would likely help eliminate some of the day to day things the Crisis Center may see.

Pritzl also spoke about medical clearance and said this something they still have to sort out in terms of what level of services and screening they can provide. They will not have the capability to do a full blown clearance with labs. They are trying to look at criteria that has been developed for the state for medical clearance and who would do it. It is not just about checking off blood pressure, temperature and respiration; it is about getting good patient history and then making decisions as to if people need further assessment or not. It is felt that the majority of the people will not need a full blown medical assessment.

**b. Discussion of initiatives taken in other states/counties/municipalities.**

*This item was not discussed.*

**4. Projects supported by half-percent sales tax.**

**a. Crisis Assessment Center Preliminary Design.**

**b. Discussion – Ideas for 2022-2023 sales taxes for mental health.**

*These items were not discussed.*

**5. Detoxification.**

*This item was not discussed.*

**6. Outreach efforts.**

*This item was not discussed.*

**7. Such other matters as authorized by law.**

The next meeting date was discussed and Pritzl said he will check with Crisis to see when they may be available to attend a meeting.

**8. Adjourn.**

The meeting ended at 12:57 pm.

It is again noted that there was not a quorum at this meeting and not action was taken.

Respectfully submitted,

Alicia Loehlein  
Administrative Coordinator

Therese Giannunzio  
Administrative Specialist